

# **STUDY ABROAD**

OFFICE OF INTERNATIONAL AFFAIRS Indiana University-Purdue University Indianapolis

# IU Faculty & Staff Insurance Enrollment Form

IUPUI faculty or staff participating on, or providing a support role on a study abroad program, have the option of purchasing accident and sickness insurance to cover them while abroad.

#### **Plan Options & Information**

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Top-Up Plan - \$10.75 per month

(Medical Evacuation and Repatriation only) More information: <u>https://abroad.iupui.edu/doc/4ELI MERE Indiana University 2024 Certificate.pdf</u>

## Blanket Accident & Sickness Plan - \$38.95 per month

More information: https://abroad.iupui.edu/doc/Insurance Indiana University Medical Policy 2024 Certificate.pdf

Insurance may only be purchased in full month increments, not partial months. (e.g. 7/25/2024 - 8/25/2024 = 1 month; 7/25/2024 - 8/26/2024 = 2 months)

Return this form to the address below along with your check or money order made payable to "Indiana University"; we do not accept cash or credit card. Payment is nonrefundable upon submission.

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## Plan Selection & Personal Information (please print clearly):

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(Circle one): Top-Up Plan Blar	iket Accident & Sickness Plan
Legal Name	
Date of Birth (mm/dd/yyyy)	Country of Citizenship
(Circle one): Male Female Mailing Address:	E-mail address
Address 1	Address 2
City, State	Zip/Postal Code, Country
Program Name and Location:	
Dates of coverage: (// from (mm/dd/yyy	$\frac{1}{y} \qquad ( \frac{1}{to} \frac{1}{(mm/dd/yyyy)})$

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